

MEDICAL DISPUTE RESOLUTION FINDINGS AND DECISION

PART I: GENERAL INFORMATION

Type of Requestor: () HCP () IE () IC	Response Timely Filed? (x) Yes () No
Requestor's Name and Address HCA Spring Branch Medical Center c/o Hollaway & Gumbert 2701 Kirby Dr., Ste. 1288 Houston, TX 77098-3926	MDR Tracking No.: M4-04-5039-01
	TWCC No.:
	Injured Employee's Name:
Respondent's Name and Address Continental Casualty Co. c/o Burns, Anderson, Jury & Brenner Box 47	Date of Injury:
	Employer's Name: Staff Leasing
	Insurance Carrier's No.: 9000380528

PART II: SUMMARY OF DISPUTE AND FINDINGS

Dates of Service		CPT Code(s) or Description	Amount in Dispute	Amount Due
From	To			
02/20/03	02/27/03	Inpatient Hospitalization	\$38,528.69	\$1,248.42

PART III: REQUESTOR'S POSITION SUMMARY

Position Summary states in part, "...Based upon review by the insurance carrier, Riskco, and its audit department, alleges that the aforementioned claim has been properly paid. On the contrary, specifically, per Rule 134.401(c)(6)(A)(i)(iii), once the bill has reached the minimum stop-loss threshold of \$40K, the entire admission will be paid using the stop-loss reimbursement factor ("SLRF") of 75%. Per Rule 134.401 (c)(6)(A)(v) the only charges that may be deducted from the total bill are those for personal items... and those not related to the compensable injury..."

PART IV: RESPONDENT'S POSITION SUMMARY

Respondent did not submit a Position Summary; however, in Part III of the Request for Medical Dispute Resolution, the Respondent states in part, "Additional payment of \$3,188.42 pending with reconsideration. Bill currently in audit".

PART V: MEDICAL DISPUTE RESOLUTION REVIEW SUMMARY, METHODOLOGY, AND/OR EXPLANATION

This dispute relates to inpatient services provided in hospital setting with reimbursement subject to the provisions of Rule 134.401 (Acute Care Inpatient Hospital Fee Guideline). The hospital has requested reimbursement according to the stop-loss method contained in that rule. Rule 134.401(c)(6) establishes that the stop-loss method is to be used for "unusually costly services." The explanation that follows this paragraph indicates that in order to determine if "unusually costly services" were provided, the admission must not only exceed \$40,000 in total audited charges, but also involve "unusually extensive services."

After reviewing the documentation provided by both parties, it does **not** appear that this particular admission involved "unusually extensive services." Accordingly, the stop-loss method does not apply and the reimbursement is to be based on the per diem plus carve-out methodology described in the same rule.

The Requestor's representative, T. Daniel Hollaway, was contacted with regards to the additional payment. Mr. Hollaway confirmed that an additional payment was made to the healthcare provider in the amount of \$900.00 paid on 3/16/04.

The total length of stay for this admission was 7 days (consisting of 1 day in an intense care unit and 6 days for surgical). Accordingly, the standard per diem amount due for this admission is equal to \$8,268.00 (1 times \$1,560 plus 6 times \$1,118). In addition, the hospital is entitled to additional reimbursement for (implantables/MRIs/CAT Scans/pharmaceuticals) as follows:

The DePuy Acromed Sales invoice amount was $\$12,378.35 \times 10\% = \$13,616.19$.

Reimbursement for this dispute should be: $\$8,268.00 + \$13,616.19 = \$21,844.19$. The requestor billed \$77,632.61; the total reimbursement made to the healthcare provider was \$20,595.77. Leaving a balance due to the healthcare provider in the amount of \$1,248.42.

PART VI: COMMISSION DECISION

Based upon the review of the disputed healthcare services, the Medical Review Division has determined that the requestor is entitled to additional reimbursement in the amount of \$1,248.42. The Division hereby **ORDERS** the insurance carrier to remit this amount plus all accrued interest due at the time of payment to the Requestor within 20-days of receipt of this Order.

Findings and Decision by:

Marguerite Foster

03/09/05

Authorized Signature

Typed Name

Date of Order

PART VII: YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of the Decision and has a right to request a hearing. A request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings/Appeals Clerk within 20 (twenty) days of your receipt of this decision (28 Texas Administrative Code § 148.3). This Decision was mailed to the health care provider and placed in the Austin Representatives box on _____. This Decision is deemed received by you five days after it was mailed and the first working day after the date the Decision was placed in the Austin Representative's box (28 Texas Administrative Code § 102.5(d)). A request for a hearing should be sent to: Chief Clerk of Proceedings/Appeals Clerk, P.O. Box 17787, Austin, Texas, 78744 or faxed to (512) 804-4011. A copy of this Decision should be attached to the request.

The party appealing the Division's Decision shall deliver a copy of their written request for a hearing to the opposing party involved in the dispute.

Si prefiere hablar con una persona in español acerca de ésta correspondencia, favor de llamar a 512-804-4812.

PART VIII: INSURANCE CARRIER DELIVERY CERTIFICATION

I hereby verify that I received a copy of this Decision in the Austin Representative's box.

Signature of Insurance Carrier: _____ Date: _____